

02/20/02



J0961 U.S. PTO

Please type a plus sign (+) inside this box



02-25-02

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 18869S-043700US

First Inventor Kumomura, Akira

Title COUPON TICKET ISSUING SYSTEM

Express Mail Label No. EL265820345US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

 20/02/02  
 191187/01  
 02/20/02

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification (Total Pages 40)  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the invention  
- Brief Summary of the invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) (Total Sheets 29)
5. Oath or Declaration (Total Pages 1)  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
I. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.65(a)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper number of pages  
c. ☐ Statements verifying identity of above copies
9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (3)
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☐ Other:

## ACCOMPANYING APPLICATIONS PARTS

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

20350

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Robert C. Colwell

Registration No. (Attorney/Agent)

27,431

Signature

Robert C. Colwell

Date

February 20, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PA 3202608 v1

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 992

## Complete If Known

Application Number	
Filing Date	
First Named Inventor	Kumomura, Akira
Examiner Name	
Group Art Unit	
Attorney Docket No.	16869S-043700US

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

1. BASIC FILING FEE				
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description
101	740	201	370	Utility filing fee
106	330	208	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

Fee Paid **740**

## SUBTOTAL (1)

**(\$740)**

## 2. EXTRA CLAIM FEES

				Extra Claims		Fee from below		Fee Paid
Total Claims	11	-20**	=	0	X	\$18	=	\$0
Independent Claims	6	-3**	=	3	X	\$84	=	\$252
Multiple Dependent					X		=	

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$252)**

## FEE CALCULATION (continued)

Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
127	50	227	25	Surcharge - late filing fee or oath	
139	130	139	130	Surcharge - late provisional filing fee or cover sheet	
147	2,520	147	2,520	Non-English specification	
112	920*	112	920*	For filing a request for reexamination	
113	1,840*	113	1,840*	Requesting publication of SIR prior to Examiner action	
115	110	215	55	Requesting publication of SIR after Examiner action	
118	400	218	200	Extension for reply within first month	
117	920	217	460	Extension for reply within second month	
118	1,440	218	720	Extension for reply within third month	
128	1,960	228	980	Extension for reply within fourth month	
119	320	219	160	Extension for reply within fifth month	
120	320	220	160	Notice of Appeal	
121	280	221	140	Filing a brief in support of an appeal	
138	1,510	138	1,510	Request for oral hearing	
140	110	240	55	Petition to institute a public use proceeding	
141	1,280	241	640	Petition to revive - unvoluntary	
142	1,280	242	640	Petition to revive - unintentional	
143	480	243	230	Utility issue fee (or reissue)	
144	620	244	310	Design issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431	Telephone	650-326-2400
Signature	<i>Robert C. Colwell</i>	Date	February 19, 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit information and authorization on PTO-503S.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. PA 3202609 v1